



Bush Babies Childcare Pty Ltd
 89-91 Rickard Road, WARRIMOO NSW 2774
 Phone: (02) 4753 6822
 director@bushbabieschildcare.com.au
www.bushbabieschildcare.com.au
 ACN 134 836 070 ABN 14 712 881 784

OOSH ENROLMENT FORM / COMPLYING WRITTEN AGREEMENT

CHILD INFORMATION

In Confidence

First Names: Surname: Gender: Age
 Date of Birth: Centrelink Child Reference No. (CRN).....
 Other names that the child is known by:
 Address:..... Postcode:.....
 Place of birth including country
 If not born in Australia, how long has your child lived here?
 Main language spoken by child: 2nd Language:
 Ethnicity: Religion:
 Is your child of Aboriginal or Torres Strait Islander origin? No , Yes Aboriginal , Yes TSI
 Start date:
 Sibling name/s: Ages:

Please nominate what your attendance at Bush Babies will be: - (Both may be ticked if occasional days may be necessary)

Routine (set days & hours per week as below),

Casual (does not specify which specific days a child will attend care from week to week)

Attendance Days & Times Required

Are Usual Days Flexible: Y / N

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School					
After School					

Fees :- Fees will be charged for the individual day sessions of care provided under this agreement. Please note that fees may vary from time to time. Any variation will be notified via email.

Initials:

PARENT/GUARDIAN INFORMATION

Mother/Guardian (1)Full Name: Centrelink CRN.....
 Other name/s parent is known by: Email:
 Address: Place of Birth.....
 Date of birth:..... Language spoken.....
 Mobile number..... Home phone.....
 Occupation..... Work name.....
 Work address..... Work Ph Contact.....

Father/Guardian 2 name: Centrelink CRN.....
 Other name/s parent is known by: Email:
 Address: Place of Birth.....
 Date of birth:..... Language spoken.....
 Mobile number..... Home phone.....
 Occupation..... Work name.....
 Work address..... Work Ph Contact.....

AUTHORISED NOMINEES – You give this person/s authority to act in your absence. E.g. collect your child, be the emergency contact person, organise medical treatment etc. if you are not available to do so. (At least 2 names other than Childs parents should be completed before enrolment).

Name: Relationship to child
Address..... Home phone
Mobile..... Work

Name: Relationship to child
Address..... Home phone
Mobile..... Work

It is essential to inform management should you or your emergency contacts change address, phone numbers or work numbers. Thank you

COURT ORDERS

Are there any custody orders in place? Yes / No
If yes, copies must be attached. Brief details.....

HEALTH DETAILS

Medicare Number: Number on card:
Private Health Fund: Membership Number:
Family Doctors Name:..... Phone No:.....
Address:.....
Dentist Name:..... Phone No:
Address:.....
Preferred Hospital:.....
Are you an Ambulance subscriber? Yes / No

In the case of sudden illness, accident or emergency, I give the person in charge of the OOSH at the time, as agent for the parents, discretionary powers to seek immediate medical attention and transport the child by ambulance or any other means required if necessary. Parents will be contacted as soon as practicable and possible. I also give permission for the emergency contact person/s to be notified if parents cannot be contacted. The parents shall meet all and any costs associated.

Parent Sign:Parent Name..... Date.....

If, in the event my child becomes ill at the OOSH service, and a parent or guardian cannot be contacted, I authorise staff to give my child an age appropriate dose of Panadol to reduce fever and distress.

Parent Sign:Parent Name.....Date.....

VACCINATIONS – Please supply a copy of your child’s Immunisation History Statement or official Medical Exemption documentation from the NSW Health Department. Your Immunisation History Statement can be obtained from:- <https://www.humanservices.gov.au/individuals/services/medicare/australian-immunisation-register/existing-customers/what-immunisation-history-statement#a11>

Please update this information as your child/ren receive their next vaccinations. Thank you.

Initials:

EXTRA INFORMATION

The following information will help us provide for your child’s individual needs. Your attention here will help us better care for your child.

Has your child any medical problems or special needs that we should be aware of? Eg. At risk of Anaphylaxis, Asthma – Diet – Allergies, including chickens / egg – epilepsy – lactose intolerance – injuries etc

.....
.....
.....

We require a Medical Risk Minimisation Plan form if your child suffers from any of the above. Please ask staff to assist.

Does your child suffer from Asthma? Yes / No If yes, is there a Management Plan in place? Yes / No
If yes, please supply a copy to Bush Babies OOSH.

Does your child have an EpiPen? Yes / No If yes, is there a Management Plan in place? Yes / No
If yes, please supply a copy to Bush Babies OOSH.

I consent to staff inspecting my child’s hair should there be an outbreak of Head Lice. Yes / No

Is your child allowed to handle & pet animals that come to Bush Babies if teachers deem it reasonably safe to do so? Yes / No

Do you have any other children in registered & approved care?

Initials:

Are there any special cultural or religious considerations that would help us care for your child? E.g. Celebrations, festivals, taboos, special customs, etc

.....

Are there any special interests that we could include in our program for your child?

.....

.....

Does your child have any special needs or challenging behaviours?

.....

Is your child receiving specialist care? E.g. speech therapy etc.?.....

.....

Any other issues you feel may help us make your child welcome & comfortable?

.....

.....

Foods your child likes?

Foods your child dislikes?

Any special dietary considerations? Eg. Religion, vegetarian?

.....

PHOTOGRAPHS (STILLS/VIDEO FOOTAGE)

Photographs are often taken of the children while they are in the OOSH. These photo’s (Still/Video Footage) are used as observational tools, for displays and promotions. eg. In advertising and on brochures.

Please sign below if you consent to photo’s being taken and used for the above purposes. We will try to notify parents if their child’s photos or footage is going to be used.

I consent for my child’s photo to be displayed on the internet for promotional purposes.

No names will be used.

Yes / No

Parent's Name: Signature: Date:

APPLICATION FOR ENROLMENT

In order that the children may benefit from attendance at our OOSH Service, it is essential that there be a close co-operation between parents and the staff at the Centre. For this reason, parents are asked to undertake the obligations set out below.

I agree to:

- ❖ Abide by, as far as reasonably possible, to the policies and procedures of Bush Babies Childcare Pty Ltd
- ❖ Notify the OOSH promptly if my child will not be attending.
- ❖ Keep my child's fees paid in full at all times.
- ❖ Allow the OOSH to direct debit the before and after school fees from my account.
- ❖ Keep my child/ren at home when suffering from any infectious or contagious diseases.
- ❖ Pay for the days my child usually attends the OOSH, even when my child is absent due to illness, family holidays or public holidays.
- ❖ Give two weeks' written notice when removing my child/ren from the OOSH.
- ❖ Supply Bush Babies OOSH with a copy of my child's/ren's Immunisation History Statement
- ❖ Supply Bush Babies OOSH with a copy of any court orders or parenting plans and medical documents if applicable.

I have read & agree to abide by the Terms & Conditions set out in the Bush Babies OOSH Parent Handbook

I declare that the information given above is accurate and agree to notify the service immediately if there are any changes to the above information.

Parent's Name: Signature: Date:

Centre's Witness: Signature:Date: